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CONTENTS.

LECTURES.

Lecture on Experimental and Practical Medicine. By BENJAMIN W. RICHARDSON, M. D., Senior Physician to the Royal Infirmary for Diseases of the Chest, &c. (Continued from p. 87.)

On Healing by the First Intention.—The success attendant on the use of the styptic colloid fluid as a healer can only be understood when the simple natural principles of the process of healing by the first intention are fully comprehended. It will not, therefore, be lost time if I devote a minute or two to this subject.

Let us, then, first fix in our minds the all-important demonstration, that healing by the first intention in the case of even a large amputation with sawn bone in the wound is an accomplishable fact. In the case I have related this is well proved. We are brought, therefore, from what can be done to what ought to be done, and as it is an unvarying law that whatever has been can be again, we may be sure that healing by the first intention may be made a steadfast fact in surgery whenever the exact conditions leading to such healing are known and applied.

To come to the point from the negative side, when a wound does *not* heal by the first intention, it is prevented from the intention by the interposition of a layer of decomposing albuminous matter lying between its divided surfaces. This layer may be very thin and transparent, or it may be thick and dense; it may give an offensive odour, or it may (when it exists as purulent matter) give little odour; it may be transparent and colourless, or it may have various shades of colour, from light gray to almost blackness. If we examine this fluid

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chemically, we find that it consists of modified albuminous matter, with or without fat; if we bring some of it in a state of actual decomposition into contact with other matter albuminoid in construction—such as blood, serum, dissolved fibrin, or even dissolved caseine—it quickly transforms all these into decomposing or decomposed matter like to itself, the conditions for the production of decomposition being supplied.

The fluid, as it was first exposed to the air by the knife, came from the blood. It was, in fact, the free interstitial plasma which before the wound was made was about to give form and substance to the solid structures, to muscle, connective tissue, or membrane. It was not a secretion, but a pre-existent fluid, which the knife disclosed, or rather exposed. If we tap a muscle under firm pressure, we can squeeze out this fluid. Squeezed from the limb of a sheep immediately after death, it is a thin slightly coloured alkaline serum, very easily coagulable. It is almost destitute of salts, and it has a mean specific gravity of 1025. It decomposes with extreme rapidity under circumstances favourable to change, but it can be kept free of decomposition by extreme cold for an unlimited time.

When the living tissues are intact, this fluid plasma is always undergoing transformation from the fluid into the solid condition so as to make tissue; it thus binds and makes the connection between the water of the tissues and the solids. I shall one day demonstrate to you how this change actually occurs; for my present purpose it is sufficient to state that it does occur.

When, then, a surgeon puts his knife through a living structure, he exposes not vessels only, not nerves only, not solids only, not blood only, but this interstitial fluid, as it is proceeding for solidification.

Having exposed this fluid, he leaves a surface of it that has been exposed whenever he closes the wound; and this is the great point to remember, that healing by the first intention, or no such healing, turns precisely on the physical condition in which this fluid is thus left. If the wound be closely and well bound up before the fluid has had time to undergo change, then the fluid passes into solidification, becomes a bond of union of the divided parts, and sets up true healing by the first intention. But if the fluid has time to undergo change, to pass into one of the stages of its decomposition, then it does not solidify, and there is no true healing of a direct kind. Fresh fluid coming down presses before it the original fluid, and the process, as it is vulgarly called, of "healing from the bottom," is the natural sequence if the case goes well. It is astonishing how quickly, in some cases, the interstitial combining fluid undergoes change on exposure to the air. There is a physiological experiment which proves this very perfectly. You are aware Liebig once advanced the view that in the natural state the blood is alkaline, but that the muscular juice is acid. This view was maintained for years. In 1854, when I was working daily in the slaughter-house, studying the coagulation of blood, I was led to test the reaction of the muscles both of oxen and of sheep while the muscles were still irritable, and to my tests the reaction was always like that of the blood, alkaline. Such, however, was my respect for Liebig, and such the force of what may be called the habit of belief, I actually distrusted my own work, and thought, after all, Liebig must be correct, and I somewhere in error. At length, and while I was still hesitating on the matter, Du Bois Raymond boldly and truthfully came out with an exposition of the error of Liebig, by showing that during life the interstitial fluid in muscle is alkaline like the blood, but that if muscle be exposed to the air for the shortest period, there is a change to acidity. The facts are so; they admit of direct proof on the living animal, and, if care be taken in its preservation, they can be proved, for a short time, on the dead muscle, say the heart of a dead animal. We will test the point here with the heart of a sheep. This heart has been removed two hours, but kept excluded from air. I cut open a surface, test it instantly, and find a feeble alkaline reaction. I lay open the surface for so short a time as three minutes, and, testing again, I find it acid. In half an hour the reaction everywhere will be strongly acid. If the other tissues of a living animal be divided and tested in the same manner, the same phenomena are observed.

In some cases this change is so active that from three to four minutes is sufficient to create it over the whole of the surface of a large wound. In other cases it is longer

deferred: in a warm perfectly dry air it is deferred, in a very dry cold air it is deferred. It is quickened intensely by a warm moist air; it is quickened by an air charged with organic matter living or dead; and it seems as if there were peculiar conditions of the oxygen of the air, conditions of activity which also quicken it; a result quite natural, because the process is one of oxidation. Just as blood oxidizes in the lung on its exposure to air, so this interstitial fluid oxidizes when it is exposed to the atmospheric oxygen.[1]

Suppose, then, the oxidation is established, what is the sequence? The sequence is disposition to further change. The fluid, modified in character, is no longer a fluid ready to enter into substance with the solid tissue with which it is in contact. It lies as foreign matter, preventing adhesion, and communicating acidity to the new plasma that is poured into it. From this state there may be three results:—

(*a*) The patient, being healthy and well provided with good plasma, and air, and specially water, being excluded from the wound, the new plasma may neutralize and throw off the old, and with some discharge there may be more or less of spaces in which there is healing by the first intention.

(*b*) The conditions being less favourable, the changed plasma, acting as a foreign body, may excite the production of great heat in the part—inflammation so called. In this state the plasma will sometimes be re-transformed into a plastic, coagulable fluid, which will form adhesions with partial healing and some production of pus. Or in this state all the fluid may be transformed into purulent fluid—abortive plasma, which will be alkaline but not adhesive, which will protect the parts shielded by it from external oxidation, and will allow the natural plasma to build up new tissue from beneath—healing from the bottom.

(*c*) There is one more major condition. The plasma, from becoming in the first place of acid reaction, may run rapidly into alkaline decomposition, with complete disorganization of all the colloidal parts, the interstitial plasma, the effused blood, the fibroid membrane, the osteoid and tendinous gelatine. When this disintegration occurs the constituents of the plasma are transformed into new and soluble compounds, susceptible of re-absorption into the organism, and even of absorption into other organisms. During this form of degeneration, not during the purulent form as was once supposed, the systemic malady, misnamed pyæmia, finds its origin. These phases, which I have described from their physical side, you will all recognize, with shades of difference, as *bonâ fide* parts of practice and of practical observation.

Returning from these points to the treatment of an open wound, whether that be caused by accident or by operation, we are prepared to understand with precision many practical results to which we are blind so long as we are ignorant of the physics of the process of healing.

In the olden time, the chirurgeon, having no correct knowledge how to close a wound, and seeing bad results from bad closure, set his face against closing altogether, and, filling the wound with tar or pitch placed on tow, made it always heal, as he said, "from the bottom." In an age when there were no scientific principles to guide the surgeon, this practice was not bad; it prolonged the cure, certainly, but it saved the consequences of alkaline decomposition. The dressing, containing a good antiseptic—that is to say, a powerful preventive of oxidation—allowed the new plasma to produce new tissue, and so there was healing. The surgery was rough, but, in the main, effective. It is still a sound practice in cases where a large surface or an abraded surface has been a long time exposed to air before coming under the hand of the surgeon.

In time came Sir Kenelm Digby with his sympathetic powder as the bait and his reversal of the old practice as the success. Rub the instrument that inflicted the wound every day with the powder—that was the bait; tie up the wounded part quickly, tie it up in its own coagulated blood, and do not meddle with it for fourteen days—that was the cure.

Various facts since the time of the

[1] I would repeat here a point I have urged more than once—viz., that the surgeon will never have his science perfect until he carefully studies and understands those meteorological conditions which are favourable to and unfavourable to the process of healing by the first intention. It is one of the best known experiences that cases of an unfavourable character constantly occur in rapid succession, for which circumstance there must be a cause. It would be well if in our large hospitals barometrical, hygrometrical, and thermometrical observations were made on every operating day, and carefully recorded.

sympathetic knight have proven the soundness of his practice apart from his superstition. There have been many practitioners who their lives through have acted on this plan in the extremest cases, and with the most surprising results. Mr. Adams, in one of his works, tells us of a surgeon who treated every case of compound fracture with perfect success by simply bandaging, closely saturating the bandage with compound tincture of benzoin, and leaving the rest.

In the battle-fields of Egypt operations performed under canvas, in perfectly dry, heated air, in which all decomposition of albuminous matter is impossible—in which air, in fact, albumen itself dries into a horny covering—the process of rapid healing was a marvel to those who witnessed it.

But the crowning facts which bear on healing by the first intention are those connected with the practice of subcutaneous cutting. I cannot make out that any true case of pyæmia has ever occurred after neat subcutaneous operation. In fact, in the results of subcutaneous section we see absolutely how, in an open wound, the prevention of cure is caused by some external influence brought to bear upon the wound. Except for this experience and the lessons it brings us, we might dream of constitutional tendencies and such like occult interferences with cure in open wounds; but the subcutaneous experience excludes them all.

The sum total of scientific fact lies, then, in this—that healing by the first intention is only prevented in any case by a change in the interstitial fluid which laves the tissues, and from which they are formed, the cause of this change being exposure to the combined influence of water and oxygen. With this understanding we learn the reason why some operations are more serious than others. The risk of opening serous cavities—for example, the peritoneum—is explained when we remember how large a surface, covered with easily decomposable fluid, is exposed to the danger of decomposition whenever such a serous cavity is presented to the air. The peritoneum should never be opened except under special conditions. Thus:—

1. Let the operating chamber be small, and let few persons be present.

2. Let the temperature of the air be low—never above 55° Fahr.

3. Let the air be dry.

4. Let the air be rendered faintly alkaline by ammonia.

5. Let the operator have his hands protected with oil.

6. Let the operator be content not to put water or wet sponges into the cavity.

7. Let the operator forbid any hands except his own entering the cavity.

8. Let no ligatures hang out of the closed wound to admit either air or water.

9. Let the air in the cavity be carefully expelled as the wound is being closed.

10. Let the closing of the wound be so absolute that no action of the diaphragm or emptying of the viscera shall draw air afterwards into the cavity.

To secure healing by the first intention in ordinary wounds, it is necessary to treat an open recent wound immediately before closing it as follows:—

To remove from it all long ligatures.

To wash off the fluid with which it is covered, and then thoroughly to dry the surface, so that no water may be left to excite decomposition.

To bring every part into close contact, so that no moist air may be left behind, and when the lips of the wound are closed with suture, to seal up resolutely with a fluid which perfectly anneals structure, like the fluid I have here brought under notice.

To leave the wound in dry air; or, if that is not possible, to surround the parts with a simple substance, eager for water, but not caustic in its action. Such a substance I place before you in the form of washed and dried laminaria or sea-weed; a substance clean, light, and excellent as an absorbent of fluid coming from the body, or of water suspended in the surrounding air.

From the time of Sir Kenelm Digby until this hour, surgeons have fluctuated between the two extremes, of healing slowly "from the bottom," and of healing quickly through the mass "by the first intention."

I submit now that the time for this hesitation ought to be considered as over, and that the modern surgeon should neither hesitate, nor pause, nor tire, until he has made healing by the first intention a sure and certain portion of his art, and until he has lifted up that dark pall of surgical fever which the most eloquent of English surgeons tells us still enshrouds the most brilliant surgical exploits. I have aimed in the present lecture to give direction and solidity to this great work.—*Med. Times and Gaz.*, April 20, 1867.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — Our Medical Congress assembled this year on the 7th of May, at Cincinnati, the President, Dr. ASKEW, of Delaware, in the chair. The session was continued four days.

Dr. John A. Murphy, on behalf of the Committee of Arrangements, welcomed the Association to the city in a brief and appropriate address.

The President, Dr. Askew, then delivered his inaugural address.

The following reports were received:—

1. On Ligature of Subclavian, by Dr. Willard Parker, of New York.

2. On Comparative Value of Life in City and Country, by Dr. Edward Jarvis, of Massachusetts.

3. On the Use of Plaster of Paris in Surgery, by Dr. James L. Little, of New York.

4. On Medical Education, by Dr. S. D. Gross, of Pennsylvania.

5. On Medical Literature, by Dr. A. C. Post, of New York.

6. On Instruction in Medical Colleges, by Dr. N. S. Davis, of Illinois.

7. On Rank of Medical Men in the Army, by Dr. D. H. Storer, of Massachusetts.

8. On Insanity, by Dr. Isaac Ray, R. I.

9. On American Necrology, by Dr. C. C. Cox, of Maryland.

10. Rank of Medical Men in the Navy, by W. W. Wood, through Dr. N. Pinckney.

On motion of Dr. J. C. Huff, of W. Va., it was

"*Resolved*, That the able, practical, and eloquent report just read by Dr. Pinckney, in behalf of the medical officers of the navy, be referred to the Committee on Publication with instructions that it be published."

On motion of Dr. Pinckney it was

"*Resolved*, That a committee of five members be appointed by the President to present this subject before the President of the United States and the Secretary of the Navy, and urge the adoption of the changes proposed.

On motion of Dr. Post, N. Y., the same committee were instructed to memorialize Congress on the subject of awarding prize money to medical officers.

The following gentlemen were appointed this committee: Drs. N. S. Davis, of Ill., J. M. Toucey, of D. C., S. D. Gross, Pa., J. J. Cockrill, of Maryland, D. F. Askew, of Del.

11. On Alcohol and its Relations to Man, by J. R. W. Dunbar, of Md.

12. On Therapeutics of Inhalation, by J. Solis Cohen, of Pa.

13. Climatology and Epidemics of the several States. The only reports made were from Massachusetts, by Dr. A. C. Garratt, and from Illinois by Dr. R. C. Hamill.

14. The Report of the Treasurer and Committee on Publication, which gave the unwelcome intelligence that the Association was in debt for the printing of the last volume of Transactions.

15. The Committee on Prize Essays, stating that eight essays had been presented, and that they recommended for prizes: 1. On the Cause of Intermittent and Remittent Fevers; 2. On the Treatment of certain of the Abnormities of the Uterus. On opening the envelopes accompanying these essays, it was announced that Dr. J. D. Black, of Newark, O., was the author of the first, and Dr. M. A. Pallen, of St. Louis, Mo., of the second.

Dr. A. Stillé reported the proceedings of the Convention of Delegates from Medical Colleges, of which a full report was given in our previous number, and on motion it was

Resolved, That this Association most cordially approve of the whole action of the Convention of Delegates from Medical Colleges, assembled in Cincinnati, May 3, 1867, and urge its practical adoption by all the Medical Colleges in our country.

The committees "On Compulsory Vaccination," Dr. A. N. Ball, N. Y., chairman; "On Leakage of Gas Pipes," Dr. J. C. Draper, N. Y., chairman; "On the Deleterious Articles used in Dentistry," Dr. A. Mason, Mass., chairman, were continued. The remaining committees which failed to report were discharged.

The following papers were presented: 1. Observations on Diseases of the Heart as seen in Military Service from 1861 to 1865, by Dr. M. K. Taylor, of Keokuk; 2. Novel Case of Lithotomy, by Dr. Edw'd Whinery, of Iowa; 3. On the Causes and Management of Cholera, by Dr. E. Harris, of N. Y.; 4. A Synopsis of an Essay on Contagion, Infection, and Portability of Asiatic Cholera, by Dr. Wm. Marsden, of Canada;

5. On the Causes of Cholera, by Dr. N. S. Davis, of Ill.; 6. On a New Medium for the Preservation of Anatomical and Pathological Specimens, by Dr. Chapham; 7. On the Action of Belladonna in Diseases of the Cornea, by Dr. J. S. Hildreth, of Chicago; 8. Clinical Thermometry in Diphtheria, by Dr. J. G. Richardson, of New York; 9. On Extra Uterine Fœtation, by Dr. Stephen Rogers, N. Y.; 10. On the Treatment of Diseases by Atomized Medicinal Substances, by Dr. J. Fied, of Iowa; 11. On Hip-Joint Operations, by Dr. Paul F. Eve, of Tenn.; 12. On Local Anæsthesia, by Dr. E. Krakowizer.

All which were referred to the appropriate sections for consideration, and the publication of nearly all of them subsequently recommended.

The following officers were elected for 1868: *President*, Samuel D. Gross, M D., Pa. *Vice-Presidents*, Drs. A. C. Post, of N. Y.; J. H. Atlee, Pa.; D. W. Yandell, of Ky.; H. R. Storer, of Mass. *Permanent Secretary*, Dr. W. B. Atkinson, Pa. *Assistant Secretary*, Dr. J. W. H. Lovejoy, Washington, D. C. *Treasurer*, Dr. Caspar Wister.

After considerable discussion in regard to the selection of the next place for the meeting of the Association, the following resolutions were adopted.

Resolved, That the next annual meeting of the American Medical Association shall be held in the city of Washington on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

Resolved, That whenever the Association shall meet in the city of Washington, or elsewhere, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its sections.

The following committees were appointed:—

On Prize Essays.—Drs. C. Woodward, W. W. Dawson, E. B. Stevens, Roberts Bartholow, P. S. Connor.

Committee of Arrangements—Drs. Grafton Tyler, Wm. P. Johnston, F. Howard, Wm. Marbury, Lewis Mackall, T. F. Maury, and J. M. Toner, all of D. C.

Committee on Medical Literature.—Drs. Geo. Mendenhall, R. R. McIlvaine, Geo. C. Blackman, E. Williams, P. S. Connor, all of Cincinnati.

Committee on Medical Education—Drs. A. B. Palmer, Michigan; W. H. Byford, Illinois; M. L. Linton, Missouri; G. C. E. Weber, Ohio; H. R. Storer, Massachusetts.

Committee on Epidemics and Climatology—Drs. N. F. Thomas, New York; J. W. Hatch, California; Jos. Jones, Tennessee; J. F. Heard, Texas; E. K. Hunt, Connecticut.

Committee on Publication—Drs. F. G. Smith, Caspar Wister, W. B. Atkinson, Wm. Mayburry, Pennsylvania; H. F. Askew, Delaware; H. R. Storer, Massachusetts; W. W. Dawson, Ohio.

Committee on Ophthalmology—Drs. J. S. Hildreth, Illinois; H. D. Noyes, C. R. Agnew, New York.

Committee on Insanity—Drs. C. A. Lee, John B. Chapin, New York; A. B. Palmer, Michigan; W. W. Jones, Ohio; H. R. Storer, Massachusetts.

Miscellaneous Business. — Dr. Alden March presented to the Association photographs of all the presidents of the Association, and intimated his intention to add to the collection in future.

Dr. C. A. Lee, of New York, submitted the following preamble and resolutions, which were adopted without discussion:—

"*Whereas*, It was declared by a vote of Congress, at its last session, that it is not within the constitutional powers of the general government to establish a general and uniform system of quarantine for the different ports of the United States; and

"*Whereas*, The cholera infection has been introduced during the last year into the United States, and has prevailed more or less extensively in many of the cities, towns, and villages of our country since its introduction through the port of New York; and

"*Whereas*, The experience of that city, as well as other places both at home and abroad, has demonstrated the efficacy of thorough sanitary measures, and certain chemical disinfectants, especially *carbolic acid* and *sulphate of iron*, in destroying or preventing the spread of cholera *virus*; it is hereby urgently recommended by this Association that the attention of physicians throughout the United States be chiefly and constantly directed to the employment of

similar means, and the free use of the same disinfectants, wherever the cholera poison may show itself: therefore,

"*Resolved*, That as the experience of Europe and the United States has satisfactorily shown that the cholera poison cannot be effectually controlled or kept in check, except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire island of Sicily and the coasts and frontier of Greece during the recent cholera epidemic; and

"*Whereas*, There is no good reason to believe that the people of the United States would willingly submit to the enforcement of such prohibitory measures and non-intercourse as is necessary to hold the cholera poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and boards of health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes, and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy in the same dwelling; the inspection and regulation of tenement-houses; the provision of nurses, hospitals, and competent physicians for the sick poor who may be attacked; provision for early burial of the dead; the separation of corpses from the living; and the prohibition of the custom of *waking the dead*, and all other measures which have been found necessary to control the progress of the disease.

"*Resolved*, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind, while it reveals the exact extent of the danger, robs it of the halo of alarm and fear with which the imagination surrounds indefinite pestilence walking abroad by noonday."

In compliance with a request made in a communication from Dr. H. F. Lister, secretary of the Wayne County (Mich.) Medical Society, that the Association should take some action regarding the introduction of the cinchona-tree into the United States, the President was instructed to appoint a committee to memorialize Congress relative to the cultivation of the cinchona-tree in this country.

On motion of Dr. C. C. Cox, it was

"*Resolved*, That a committee of five be appointed by the chair, to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868."

Drs. C. C. Cox, J. M. Toner, W. B. Atkinson, J. J. Woodward, and John Shrady were appointed this committee.

Dr. Toner offered the following amendment to the Constitution, which was referred to the above committee: "The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the *Transactions*. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed *Transactions*, the same as delegates."

Dr. C. A. Lee, of New York, offered the following resolutions, which were adopted:

"*Resolved*, That when the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well-planned, and well-ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labour, and would be benefited by light regulated employment, may be suitably accommodated and properly cared for.

"*Resolved*, That the example of Moss, in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and, in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State hospitals, and will greatly subserve the interests of the insane generally.

"*Resolved*, That as the present insane

hospitals are capable of accommodating but a small proportion of the 40,000 of the insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties."

The following were appointed the committee under the above resolutions: Drs. C. A. Lee, New York; R. Gundry, Ohio; J. Fonerden, Maryland; C. A. Walker, Massachusetts; W. S. Chipley, Kentucky.

The following resolutions were offered by Dr. C. C. Cox, of Maryland, and unanimously adopted:—

"*Resolved*, That in the loss of Surgeon Charles S. Tripler, U. S. A., who died in this city since the last meeting of the Association, the profession throughout the country, the army of the United States, and the Association especially, have experienced a serious loss.

"*Resolved*, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognize in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

"*Resolved*, That the condolence and sympathies of the Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions."

An effort was made to induce the Association to recognize Female Medical Colleges, but it was promptly negatived by a very decided vote.

The resignation of Dr. J. Homberger of membership of the Association was presented and accepted.

A communication from the Chicago Medical Society was presented, announcing the expulsion of Dr. J. D. Brooks and Dr. N. Peterson from the aforesaid society, whereupon it was ordered that their names be erased from the roll of the Association. Dr. F. Hinkle's was also stricken from the roll of the Association, on charges presented by a delegate.

Votes of thanks were presented to the President and retiring officers for the ability and impartiality with which they had performed their arduous duties; and also to the Committee of Arrangements, the profession of Cincinnati, and to the citizens for their cordial welcome and generous and refined hospitality extended to the Association.

After which the Association adjourned.

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College of Physicians and Surgeons, New York.—Dr. WILLIAM A. HAMMOND has been appointed Lecturer on Mental and Nervous Diseases in this School. Dr. H.'s qualifications for this position are undoubted.

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Albany Medical College.—The following have been lately appointed members of the Medical Faculty: S. Oakley Vanderpoel, M. D., Professor of General Pathology and Clinical Medicine; James E. Pomfret, M. D., Professor of Physiology; John V. Lansing, M. D., Professor of Materia Medica.

Rush Medical College.—Dr. MOSES GUNN, late of the Michigan University, has been appointed to the Chair of Surgery in Rush Medical College, Chicago, made vacant by the death of Professor Brainard.

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The Quarterly Journal of Psychological Medicine and Medical Jurisprudence.—We have received the announcement of a new journal under this title to be published by A. Simpson & Co., New York, and to be edited by Wm. A. Hammond, M. D. The first number is promised to appear on the 15th of the present month. The contents will embrace: 1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on Questions of Medical Jurisprudence; 2. Selections and Translations of Memoirs from Foreign Journals; 3. Reviews and Bibliographical Notices; 4. Chronicle of the Physiology and Pathology of the Mind and Nervous System, and of Medical Jurisprudence. The well-known ability and industry of the editor gives the assurance that this journal will be a valuable addition to our literature, and we wish it the success which we are confident it will merit.

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Western Journal of Medicine.—We have before us the announcement that the publication of the *Cincinnati Journal of Medicine* has been transferred to Indianapolis, and that it will hereafter be issued monthly under the title of the *Western Journal of Medicine*, and be edited by THEOPHILUS

PARVIN, M. D. Dr. Parvin is a well educated, industrious, and learned physician, and under his management, and with the aid of the talented gentlemen who have promised to contribute, his journal must take a high rank in our literature.

—

The Leavenworth Medical Herald.—This is the title of a monthly journal, the first number of which was issued in June of the present year, under the editorship of Drs. C. A. Logan and T. Sinks. The number before us is a very creditable one both as to its contents and typographical execution.

The editors in their salutatory modestly observe: "In the establishment of this journal, we have not flattered ourselves that we were about to supply a literary want in the medical world, either at home or abroad; but have aimed, simply, to erect a work, which, while furnishing to its patrons the material of a medical paper of respectability and power, should also be the representative of an active, an intelligent, and a constantly growing constituency. It is then, like others of its class, to be considered a *sectional* organ; but when it is remembered that all of the interests of the medical world are common to each individual and to each community; and that the boundaries of our sectional limitation extend from the Missouri on the east, to California on the west, and from the Gulf of Mexico upon the south, to the British Possessions upon the north, the admission will not, perhaps, be construed in the narrow view which attaches to the political signification of the expression."

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Lectures on the Surgical Diseases of Women.—Prof. H. R. STORER will deliver his second private course of twelve lectures upon the "Treatment of the Surgical Diseases of Women" during the first fortnight of December next at his rooms in Boston. The class which attended his first course just completed, have passed resolutions expressive of their acknowledgment for the instruction received.

FOREIGN INTELLIGENCE.

Notes of the Cholera Conference at Weimar, on April 28th and 29th, 1867.—In consequence of the deliberations on cholera which took place at Leipzig in the end of December, 1866, between Professors Griesinger of Berlin, Pettenkofer of Munich, and Wunderlich of Leipzig, a meeting of physicians was called by these gentlemen and by Professor Hirsch of Berlin to meet at Weimar, for the purpose of discussing, and thereby bringing nearer to a solution, some questions in regard to cholera having an extraordinary interest, especially in a practical point of view. Special invitations were sent to those who had contributed important literary labours on the questions; beyond this, it was left open to all physicians to take part in the meeting.

The meeting held four sittings on the 28th and 29th April; viz., from 10 A. M. to 9 P. M., with an interval in the afternoon.

About sixty members took part in the meeting. Among the most important may be mentioned, John Simon of London, Professor Van Geuns of Amsterdam, Professor Koranyi of Pest, Professor Klob of Vienna, Professors Gerhardt and Hallier of Jena, Professor Weber, Professor De Bary, and State-councillor Delbrück of Halle, Professor Ackermann of Rostock, Graf of Elberfeld, Sander of Barmen, Lent and Thomé of Cologne, Göben and Brand of Stettin, Flisch of St. Petersburg, Medical Councillor Günther of Zwickau, Professor Carus of Leipzig, and many others, mostly from neighbouring places.

On the proposal of Herr Pettenkofer, Professor Griesinger was chosen President by acclamation; and Dr. Pfeiffer of Weimar and Dr. Thomas of Leipzig were appointed Secretaries.

The first of the four questions which, according to the programme, formed the business of the day, was "the spread of cholera, and the local and temporary causes favouring the epidemic." Its consideration occupied the first and a part of the second sitting.

That cholera spreads through intercourse, was held to be proved beyond doubt, and discussion on this point was considered unnecessary.

A debate next arose as to the influence of the movements of troops on the spread of the disease. On this point the meeting received a number of interesting statements from Drs. Wunderlich, Günther, Weber, Delbrück, Koranyi, Lent, etc., by which it appeared to be proved beyond doubt that many single epidemics in Germany and Hungary originated in the army. It was

thence finally agreed, that military intercourse was more effectual than civil in spreading the disease; but that, nevertheless, the local and temporary disposition of a place must be regarded as of the greatest importance. It was not thought that there was anything specially hurtful in military as compared with civil intercourse, but that military regulations, being in many respects in opposition to sanitary principles, were extraordinarily favourable to the increase of the *materies* of infection among the soldiers, so that a very considerable quantity was enabled to act on districts visited during the movements of troops.

No proofs could be adduced of the spread of cholera through merchandise of any kind. On the other hand, the meeting was unanimously of opinion that the soiled linen of cholera patients conveyed contagion, and should be handled cautiously. Animals coming from infected places must also be regarded with suspicion.

A very important discussion took place on the influence of drinking water. It could not be denied, that many of the experiments which led to great importance being attached to the quality of drinking water, must be received with great caution; inasmuch as other important conditions besides the water might have been in operation. Nevertheless, the opinion that drinking water is never injurious was absolutely rejected. Numerous examples were related, especially by Messrs. Simon, Delbrück, Brehm, Ilisch, Van Geuns, Hirsch, Griesinger, Ackermann, and Sander, proving that the quality of the drinking water has an undeniable influence in cholera. Among the most interesting examples was one related by Mr. Simon, according to whom the mortality from cholera in East London was very unequally distributed, according as the water was supplied to the inhabitants from a reservoir which was comparatively pure, or from another which was infected. It is very probable, that the specific cause of cholera may be contained in the drinking water.

Many observations were also adduced in reference to the influence of the soil; but the only conclusion arrived at was, that, in order to be able to lay down fixed laws on the point, much further investigation was necessary. From most of the statements it appeared, that the amount in the soil of ground-water (in Pettenkofer's definition of the term), and its removal from the upper surface, had an extraordinarily important influence in the spread of cholera, and that dryness to a greater depth greatly diminished the disposition to spread. Pettenkofer's opinion, that a sinking of ground-water from above downwards, a short time before the occurrence of cholera, has a marked influence on its spread, was supported by single instances. Several observations showed, that porous rocky soils and *débris* saturated with water did not increase the disposition to cholera; others, that this disposition is extraordinarily small in a soil that is not at all or but slightly permeable, if it be very near the surface (dry loam in strata, or clay). It was assumed as probable regarding any place, that the relations of the soil and moisture did not exert an essential influence on the presence or absence of the disposition of cholera to spread.

The second question had reference to the utility of disinfection. On this point very interesting communications were made by Messrs. Delbrück, Göden, Carus, Lent, Graf, Weber, Wunderlich, Hirsch, Günther, Klob, Van Geuns, Koranyi, Simon, Büttner, and Brehme. From all observations, it appeared that great importance is to be attached to disinfection. Although cholera might spread to a remarkable extent in places in which disinfection had been carried on, the view was supported on good grounds, that such regulations were of considerable value, and on the other hand the causes which had rendered it defective or nugatory were pointed out. Such causes were, in part, an unusually abundant and frequent importation of the poison, especially through the movements of troops; and partly the existence of very unfavourably situated buildings and blocks of buildings, in conjunction with a very strong predisposition to the disease on the part of the people. It was especially demonstrated that, in many instances, drains and canals for carrying off impure fluids entirely neutralized the advantages of disinfection; and that the same result was produced by the people being obliged to use notoriously bad drinking water, infected by cesspools or drains.

The third question submitted to the Conference bore on the choice of the means of disinfection to be recommended for future use. A long debate took place on this subject, especially on the ground that the

opinion could not at once receive general recognition, that the failure of disinfection was not to be ascribed to the means employed, if causes were present which prevented the regulations from being followed by the advantage expected. Finally, the following conclusions were agreed on with reference to the regulations to be adopted against cholera:—

1. The Conference expresses its opinion that attempts to limit cholera by means of disinfection should be energetically carried out.

2. Disinfection can only be of use, if there be a rational treatment of the excreta, if care be taken for insuring the cleanliness of a town and the carrying out of all measures conducive to health, and if disinfection be carried out in a compulsory manner by the magistrates.

3. In districts where the entire place cannot be disinfected, it is advisable to disinfect anew the localities attacked in former epidemics.

4. General disinfection must be carried out early—*i. e.*, on the approach of an epidemic. Suspected houses should be permanently disinfected.

5. On the best means of disinfection, investigations have not yet been brought to a conclusion. Hitherto it has not been possible to find any more certain, or better, or more easily applicable means than sulphate of iron and carbolic acid. It was recommended that these should be used in combination.

6. The disinfection of the soiled linen, etc., of cholera patients is an especially important point. For this purpose, boiling in water and treatment with sulphate of zinc is recommended; and it is advised, that for the poor special regulations should be made for constantly carrying out disinfection.

7. For drains, sewers, etc., the method lately discovered by M. Süvern is recommended.

8. The emptying of houses that have been attacked, and the removal of the inhabitants, is advisable whenever it can be carried out.

9. It is most urgently recommended that the soil under dwellings and in the vicinity should be kept as clean as possible from excrementitious matters, and that the supply of drinking water should be as pure as possible. Where pure water cannot be obtained, an attempt may be made to disinfect it by boiling.

The consideration of some other special points was deferred for various reasons.

On the fourth question—"To what points are further observations to be directed, and on what points should experiments be collected?"—the following conclusions were arrived at:—

Observations should be directed to—

1. Further investigations of the lower organisms which may have a bearing on cholera.

2. The influence of water in different conditions: *e. g.*, as drinking water, water for household purposes, etc.

3. The condition of the soil, the relations of the ground-water, and its positive or negative influence on disease, and on the occurrence and spread of epidemics.

4. The question whether it can be shown by demonstrable and indubitable observation that cholera may be communicated by simple transmission; *e. g.*, through goods.

5. The relations of the epidemic and its influence on the future diseases of the people.

6. The spread of cholera on board ship.

7. Contagion through merchandise.

Finally, several special pathological questions were considered worthy of mention, but no conclusions were adopted in reference to them.

The recent discovery of low organisms in cholera is a matter of great interest and importance. The principal merit in the inquiry is due to Dr. Klob of Vienna and Dr. Thomé of Cologne. Both find in the cholera stools, and in the intestinal mucus of persons who have died of cholera, certain organic formations, named zoogloea, consisting of very fine nuclei surrounded by a gelatinous mass of various thickness. The nuclei undergo manifold divisions, and are developed into chains, from which innumerable large felted masses are formed in the intestinal mucus. The further progress of development of these organisms is not quite clear. Thomé obtained from them, after some time, large round cell-like bodies; and also vegetations like mould (*cylindrotœnium*), from which sprang cylindrical spores, developing themselves into fungi.

Opinions as to the connection of these cells, threads, and spores can, however, for various reasons, be received with caution. Great difficulties stand in the way of the investigation; and a conclusive result must not be soon expected. Especially is it in some degree a question whether, as certain

investigations already render probable, these organisms are to be met with in the blood; if it be so, their importance must be essentially increased.

By several members, especially Pettenkofer, attention was drawn to the presence of similar structures in moistened soil, in ground-water, in waterworks, in drainage pipes, etc.; as well as to the relations which might exist between these organisms and the "cholera fungi," and to the means which might have an influence on these organisms and, with them, on similarly constituted living causes of disease.—*British Med. Journ.*, June 1, 1867.

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Sloughing produced by Local Anæsthesia.—We examined, a few days since, in the Middlesex Hospital, a young woman whose case is of no little importance in reference to the question of local as against general anæsthesia for operations. Mr. Lawson had diagnosed the existence of an abscess behind the patient's breast, and as the pus was very deep (under the pectoral muscle indeed) the refrigerator was used, paraffine ether being employed. Congelation was rapidly produced, and kept up for a few minutes. The result has been, that a portion of skin, about an inch by three-quarters of an inch, over the upper part of the breast, had sloughed, and its healing will necessarily be attended by an unseemly scar. The patient is a maidservant; were she unfortunately a lady, the undress of the modern ball-room would be impracticable without revealing such a blemish as might seriously damage her value in the matrimonial market. The case is certainly exceptional; but the circumstance is worth remembering when exposed parts of the body are to be operated upon.—*Lancet*, May 25, 1867.

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Reduction of Hernia by the Administration of Coffee.—That coffee has a very much more powerful influence on the peristaltic movements of the intestine than tea is pretty generally known; but we doubt whether this action has hitherto been brought into play in the reduction of hernia. The following instance in which coffee was accidentally and successfully employed for this purpose will therefore interest our readers: A man who had for some years a reducible hernia, while over-exerting himself converted his hernia into an irreducible one. On being seen by Dr. A. Bourillon, who describes the case, he was suffering from colic and nausea, the pulse was small, and a round, hard tumour, giving a tympanitic sound on percussion, existed in the right groin. The relations of this showed that it was a strangulated right inguinal hernia. The taxis was tried in vain for hours. Applications of belladonna, tobacco, salt, &c., were also unsuccessfully tried. The next day the condition of things was worse, and all efforts to reduce the hernia were fruitless. It was therefore determined to operate on the following day, and the patient was meanwhile ordered to have infusion of coffee (100 grammes of freshly roasted and ground coffee to five cups of boiling water). On coming to operate in the morning, Dr. Bourillon found that the hernia was reduced. According to the patient's own account, the coffee having produced movement of the intestine, seemed to extend the contraction to the hernial sac, which passed inwards suddenly with a distinct *gargouillement.*—*Ibid.*

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Animal Vaccination.—The French Academy of Medicine, the body to which is assigned the management of the public and gratuitous vaccinations in Paris and the distribution of lymph, has been for some time past engaged in practically investigating the claims of the practice of "animal vaccination," introduced into France from Naples by M. Lanoix. At the last meeting of this learned body, M. Depaul read his report on the results of the investigation, the chief conclusions of which we subjoin. 1. The transmission of cow-pock by its inoculation from heifer to heifer is obtained without difficulty. 2. No accident occurred to any of the heifers from the fact of inoculation. 3. The three first heifers were inoculated by the Naples cow-pock, and forty-two others by that obtained from Beaugency. 4. The cow-pock has lost none of its properties through successive inoculations. 5. The course of the eruption has been more rapid on the heifer than on the human subject, the pimple appearing on the third day and suppurating in the course of the seventh or eighth. 6. In sick heifers the pustules presented less development than in the healthy ones. 7. The eruption was entirely confined to the inoculated spots. 8. Little or no reaction was observed. 9. It would be easy, especially

in great centres of population, to organize services for animal vaccination. 10. The quantity of lymph which each heifer can supply is sufficient for the most extensive service. 11. According to our experiments, syphilis is not conveyable to the bovine species by inoculation. 12. When taken under proper conditions, this lymph succeeds as frequently as lymph derived from an infant. 13. Taken later than the seventh day, it produces less satisfactory results. 14. It is not unusual after inoculation of infants with the cow-pock to find the period of incubation prolonged, the eruption not manifesting itself until between the ninth and twelfth days. 15. Sometimes on the same individual the pustules pursue an unequal and irregular course. 16. The pustules obtained by this cow-pock are more voluminous, and the phenomena of general reaction, especially at the period of suppuration, are more sensible than after human vaccination. 17. These manifestations have never taken on a serious character in any of the infants inoculated by us. 18. The number of resulting pustules is alike in both kinds of vaccination. 19. A single puncture has sometimes given rise to the appearance of one, two, three, or even four pustules—a phenomenon which is of much rarer occurrence after human vaccination. 20. The cow-pock, like the lymph from the infant, often fails when it has been preserved between glasses or in tubes, and in this respect human vaccination seems to possess some advantage over animal vaccination. Still, the cow-pock lymph which has been kept in tubes during a month has been successfully used, and specimens which have been sent to the provinces and abroad have furnished satisfactory results. 21. We have made too few trials of cow-pock for revaccination to be able to form an opinion. 22. During the prevalence of epidemics of smallpox, one or more inoculated heifers might be sent into the districts, which would supply all the lymph necessary for the vaccinations and revaccinations.—*Med. Times and Gaz.*, April 20, 1867.

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Reactions of Morphia and Narcotina.—M. HUSEMANN'S process for distinguishing morphia consists in dissolving the matters to be tested in concentrated sulphuric acid, and adding a drop of nitric acid to the solution. If morphine is present, it immediately produces a coloration varying from rose to the most intense carmine, and by heating for some minutes to 100° or 150°, a magnificent violet colour appears, which afterwards changes to blood-red. Narcotine becomes bluish green in cold sulphuric acid, turning violet-red by the action of the heat. —*British Med. Journ.*, Feb. 16, 1867, from *Journ. de Pharmacologie.*

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Convalescent Hospitals.—Long convalescence, ending in relapse or death, says Miss Nightingale, is by no means unfrequent amongst the poor, many of whom leave hospital, to make way for more necessitous cases, long before they are able to return to their customary employment. Follow these people to their homes, and what do you find? A straitened household, overtaxed to the utmost point by a long illness of its head or support; receiving back, perhaps from expected death, its head, not to be a *support*, but to make a further call upon its exhausted resources for nursing, clothing, and, above all, for suitable food and comforts. There can be no doubt that these defective convalescences, gone through in bad air, and in the absence of almost every requisite, eventually go to swell the registrar's death-list, and meantime add heavy items to the expenditure of the poor-rates. That is the philosophy of convalescent hospitals in a nutshell. The medical officers of hospitals value greatly the opportunity of using such orders for convalescent hospitals as are placed at their disposal; but they are too few. We look forward to the day when every town hospital will have its convalescent branch. That will aid in a true economy—the economy of rapidly and effectually healing the sick.

Last week we had the pleasure of announcing that the munificent sum of £150,000, left by Mr. Morley to St. George's Hospital for the purpose, has been expended partly in the purchase of an estate at Wimbledon, on which will be erected and supported from the funds a hospital containing a hundred beds for patients, with the necessary accommodation for nurses, and a laundry, at which the washing of the town hospital will be performed with great economy. The intelligent munificence of the Baroness Rothschild has for some years maintained a small institution of the kind in the East End of London; and now the earnest and energetic benevolence of Mrs. Gladstone

has prompted her to throw all her influence into the endeavour to found a convalescent hospital for East London at Snaresbrook. We heartily wish her enterprise not merely success in its present form, but a wide development.—*Brit. Med. Journ.*, March 30, 1867.

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Running Drill.—If a malefactor be flogged for his sins, the law requires that a medical officer stand by, to see that the malevolent organism of the culprit is not seriously compromised. But what doctor stands between the soldier and running drill, to guard the soldier's organism from being compromised through this pursuit of military knowledge under difficulties? The malefactor gets his back scored, and there is an end of his difficulties; but the soldier, we are informed on excellent authority, suffers from his running drill painful distress, and not unfrequently a damaged circulatory apparatus. We cannot suppose that the Medical Department was consulted before the running drill order was issued; for there can scarcely be a medical officer in the service who would not have protested against an exercise which must of necessity, if unwisely carried out, tend seriously to damage the soldier's heart. It is a well-known fact that, even with the ordinary drilling and marching, heart-disease is very common in the army; and it is quite unnecessary to repeat what has been so well and forcibly said as explanatory of the fact. To carry a heavy weight with a tightly compressed thorax may seem a simple matter to the issuers of Horse Guard Orders; but then the natural movements of the chest cannot be impeded with impunity even by those high military authorities.—*Brit. Med. Journ.*, March 23, 1867.

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Ozone and Vegetation.—Dr. Charles Daubeny has contributed to the *Journal of the Chemical Society* a valuable paper containing the results of a long series of experiments on this interesting subject. He considers it time that the question as to the existence of ozone in the atmosphere should be set at rest, since, whilst it is now disputed by some eminent chemists, it is taken for granted by the meteorologists, and thus the weather tables are swelled by ozone observations. He assumes that, as a substance, characterized by a peculiar smell and by oxidizing properties, can be produced by artificial means, especially by the action of the electric spark through air containing oxygen, ozone must exist in the atmosphere, and is to be detected and measured by reagents. In his paper he gives tables showing the amount of ozone at Torquay, for certain months in 1864, 1865, and 1866, with averages; and he gives also a table showing the results of experiments upon the effects of the leaves of fifty-seven species of plants belonging to forty-seven natural families upon Schönbein's iodized paper. In thirteen of these cases, the coloration produced upon the paper introduced into the jar containing the plant was less in degree than that occasioned by light upon the same suspended in the empty jar for the same period; but in thirty-two cases the reverse was observed, the degree of coloration attributable to the plant being sensibly greater. The result of these and other experiments leads Dr. Daubeny to conclude, from its remarkable oxidizing properties, and the rapidity with which any organic matter, dead or living, undergoes a slow combustion in its presence, that ozone is an important agent for restoring the atmosphere to its original purity.—*Med. Times and Gaz.*, March 16, 1867.

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Cranial Types of Man and Woman.—According to Welcker, the female skull is smaller both as regards horizontal circumference and internal capacity, and the weight of the brain corresponds with this. The female skull exhibits, according to Welcker's measurements, the following proportions, assuming the male = 100 throughout:—Circumference, =96.6; capacity, =89.7; weight of brain, =89.9. The outlines of the female head are rounder; the facial portion of the skull, especially the jaws and the base of the skull, smaller, the latter being especially narrower in the posterior section. The base is at the same time more extended, the sella-angle larger, and there is developed in the female a striking tendency to prognathism as well as dolichocephaly. We may, therefore, say that the type of the female skull approaches in many respects that of the infant, and in a still greater degree that of the lower races; and with this is connected the remarkable circumstance that the difference between the sexes, as regards the cranial cavity, increases with the development of the race, so that the male European excels much

more the female than the negro the negress, —Vogt's *Lectures on Man.*

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The Differences between Man and the Ape.—On the occasion of a paper on this subject by M. Schaafhausen, of Bonn, read before the Paris Anthropological Society, M. Gratiolet thus expressed the result of his researches. He thought that there existed no reason for establishing an anatomical similitude between man and the gorilla. "As regards the brain, the gorilla's is the lowest of the anthropoid apes, since the brain does not cover the cerebellum, by which he approaches the cynocephali. It is not in his size and strength that we must look for human characters, but in the conformation of the hands, and just in this he differs considerably from man. The thumb is very short in the gorilla, and its muscles much reduced. The long flexor is replaced by a tendinous tract, the origin of which is lost in the tendinous sheaths of the flexors of the other fingers. It follows that the thumb has no independent movement of opposition. In the orang, though the thumb is shortened, it still is capable of an independent flexion; but this depends on a peculiar disposition which he had lately verified with M. Alix. In point of fact, the proper flexor of the thumb is entirely absent in the orang; there is not even found that tendinous tract existing in the gorilla; but, by a singular contrivance, the marginal fibres of the adductor muscle of the thumb terminate in a tendon which is placed in the axis of the first terminal axis." "The fact which establishes a great relation between man and apes is, that in them the optic nerves open directly in the cerebral hemispheres, whilst in the other vertebrates these nerves reach the brain only by the intermediation of the tubercula quadrigemina. This peculiarity may explain the existence of a certain conformity in the manner in which man and ape perceive their sensations. But it does not follow that there is an identity in the nature of their intelligence; for though the senses are subservient to the operations of the intellect, it cannot be said that they produce it. Man must be placed by the side of the ape, but only as an animal. Man is a being apart, just as all other vertebrata must be separated, as they cannot be considered as having originated from each other." M. Gratiolet added that, as a pupil of Blainville, with whom originated the idea of a series in natural history, he felt bound to state how much the ideas of his master had become modified. Where Blainville formerly recognized transitions from group to group, he, in the latter period of his life, only saw maxima and minima of realization for each group. He acknowledged an ideal series between types, but not a lineal series between all beings. It is thus impossible to invoke the opinions of Blainville for the support of theories tending to reduce to a single stock the numerous species composing the animal kingdom.—*Med. Times and Gaz.*, April 6, 1867.

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Pocket-Picking in Hospitals.—The police reports of Monday last tell us that a "respectable tradesman's wife of Dartford," was taken up for pocket-picking in Guy's Hospital. We notice the incident because it illustrates the style of patients who improperly obtain gratuitous medical services at our public charitable institutions. This "respectable wife" appears to have found the patients' waiting-room a good field for the exercise of the gentle craft of picking pockets. Clearly the patients were of a class who have well-lined pockets. Many of them complained that their purses had disappeared. It does not seem to have occurred to any of these respectable females with purses in their pockets, that they were robbing the doctors by improperly obtaining charitable aid. The facility with which gratuitous medical service is obtainable at our hospitals, is one of those evils to which we have frequently called attention. It is very necessary to devise some system of checking the abuses fostered by the out-patient system. Gratuitous services are rendered by no other profession in the same proportion as in ours. At least, the medical men in hospitals, and the profession at large, should be protected from abuse of their charity by well-to-do persons.—*Brit. Med. Journ.*, March 16, 1867.

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Acupressure.—Sir James Simpson has been in Paris during the last week, and has practised acupressure by way of demonstration. In one case, however—amputation of the breast—the ultimate result was unsatisfactory, erysipelas and death occurring within a few days.—*Brit. Med. Journ.*, April 27.